

APPENDIX A

WORK LOCATIONS/Agencies

with Corresponding AFSCME Local Unions and Chapters

As of August 28, 2013

Department, Agency/Code/Work Location/MDOC CMIS Code/Local/Chapter

EDUCATION

Schools for the Deaf and Blind - (Flint)

3106	School for the Deaf	188
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MILITARY AND VETERANS AFFAIRS

5101	Alpena Combat Readiness Training Center	261
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5102	Grand Rapids Home for Veterans	261
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5101	Michigan Youth Challenge Academy	261
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5103	Jacobetti Home for Veterans	885
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COMMUNITY HEALTH

3902	Caro Center	831
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3906	Hawthorn Center	129
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3909	Kalamazoo Psychiatric Hospital	652
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3920	Center for Forensic Psychiatry	1105
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3945	Walter P. Reuther Psychiatric Hospital	2449
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HUMAN SERVICES

Institutions:

4311	W. J. Maxey Training School	1327
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4307	Shawono Center	1327
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4307	Bay Pines Center	1327
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4301	Michigan Career and Technical Institute (MCTI)	1327
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Any newly created DHS youth services facilities.

CORRECTIONS

4735	Alger Maximum Correctional Facility (LMF)	3639
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4740	Baraga Maximum Correctional Facility (AMF)	3639
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4748	Bellamy Creek Correctional Facility (IBC)	3638
4731	Carson City Correctional Facility (DRF)	3638
4744	Central Michigan Correctional Facility (STF)	3638
4727	Charles E. Egeler Reception & Guidance Center/Duane L. Waters Health Center (RGC)	3637
4732	Chippewa Correctional Facility (URF)	3639
4752	Cooper Street Correctional Facility (JCS)	3637
4754	Detroit Detention Center (DDC)	3637
4764	Detroit Reentry Center (DRC)	3637
4730	Earnest C. Brooks Correctional Facility (LRF)	3638
4720	G. Robert Cotton Correctional Facility (JCF)	3637
4729	Gus Harrison Correctional Facility (ARF)	3637
4724	Ionia Correctional Facility (ICF)	3638
4712	Kinross Correctional Facility (KCF)	3639
4718	Lakeland Correctional Facility (LCF)	3638
4741	Macomb Correctional Facility (MRF)	3637
4706	Marquette Branch Prison (MBP)	3639
4707	Michigan Reformatory (RMI)	3638
4704	Muskegon Correctional Facility (MCF)	3638
4743	Newberry Correctional Facility (NCF)	3639
4739	Oaks Correctional Facility (ECF)	3639
4746	Ojibway Correctional Facility (OCF)	3639
4751	Parnall Correctional Facility (SMT)	3637
4745	Pugsley Correctional Facility (MPF)	3639
4705	Richard A. Handlon Correctional Facility (MTU)	3638
4742	Saginaw Correctional Facility (SRF)	3637
4752	Special Alternative Incarceration (SAI)	3637
4747	St. Louis Correctional Facility (SLF)	3638
4725	Thumb Correctional Facility (TCF)	3637
4722	West Shoreline Correctional Facility (MTF)	3638
4715	Women's Huron Valley Correctional Facility (WHV)	3637
4749	Woodland Center Correctional Facility (WCC)	3637

STATE POLICE

5501	Training Academy	950
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NATURAL RESOURCES

7501	Ralph A. MacMullen Conference Center	1327
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LICENSING AND REGULATORY AFFAIRS

6401 Bureau of Services for Blind Persons


950

APPENDIX B

P.E.O.P.L.E. CHECKOFF

During the current negotiations, the parties acknowledge the Civil Service Commission's current policy prohibiting payroll deduction and remittance for the purpose of contributing voluntarily to a political action committee. Accordingly, the parties jointly agreed not to conduct negotiations over the subject at this time.

In the event said Civil Service Commission Policy is amended to allow such payroll deduction and remittance, the parties agree, upon the request of the Union, and subject to such restrictions as the Civil Service Commission may establish, to meet in Special Conference to discuss the implementation of the P.E.O.P.L.E. Checkoff.

		MICHIGAN COUNCIL 25, AFSCME, AFL-CIO 1034 N. Washington Ave., Lansing, Michigan 48906					
Authorization for Representation and Payroll Deduction of Union Dues							
400	$\frac{LF}{CR}$	A			$\frac{LF}{CR}$	EU	$\frac{LF}{CR}$
Employee Identification Number							
<p>I hereby desire to be represented by the American Federation of State, County and Municipal Employees, AFL-CIO, and/or its appropriate affiliate as my exclusive bargaining agent in all matters affecting my wages, hours and other conditions of employment.</p>							
<p>Effective _____ I hereby request and authorize you to deduct from my earnings each pay period the sum of: \$ _____, on behalf of Local _____.</p>							
<p>This sum shall be paid to Michigan Council 25, AFSCME, AFL-CIO, and is payable as my union dues. Consent is additionally hereby given to increase or decrease the specific named sum above to that of any amount determined by official convention action of Michigan Council 25, AFSCME, AFL-CIO, in accordance with the provisions of its Constitution, or official constitutional action of my local union.</p>							
<p>(Please Print)</p>							
Name _____				Department _____			
Address _____				City _____		Zip _____	
Email _____				Phone _____			
Employee's Signature _____				Date _____			
<small>Revised 3-11-2014</small>							

APPENDIX C

UNIT CLASSIFICATIONS WITH PRE-AUTHORIZED LEVELS

Pursuant to Article 13, Layoff and Recall Procedure, Section C.2., the following are the classification series in the Institutional Unit which have been determined by the Civil Service Commission as one classification refer to Civil Service Commission Rules – Job Specifications:

Community Health

Activities Therapy Aide 6, 7, E8
Barber/Cosmetologist 7, E8
Child Care Worker 8, E9
Client/Resident Affairs Representative 8, E9
Dental Aide 6, 7, E8
Domestic Services Aide 5, E6
Institution Training Technician 7, 8, E9
Physical Therapy Aide 6, 7, E8
Resident Care Aide 6, 7, E8
Teacher Aide 6, 7, E8

Corrections

Activities Therapy Aide 6, 7, E8
Dental Aide 7, E8
Domestic Services Aide 5, E6
Resident Care Aide 6, 7, E8
Teacher Aide 6, 7, E8

Education

Activities Therapy Aide 6, 7, E8
Resident Care Aide 6, 7, E8
Youth Specialist 7, 8, E9

Military and Veterans Affairs

Activities Therapy Aide 6, 7, E8
Physical Therapy Aide 6, 7, E8
Resident Care Aide 6, 7, E8
Youth Challenge Academy Advisor 9, 10, P11

Human Services

Activities Therapy Aide 6, 7, E8
Youth Group Leader 9, 10, P11
Institution Training Technician 7, 8, E9
Teacher Aide 6, 7, E8
Youth Aide 6, 7, E8
Youth Specialist 7, 8, E9

Licensing and Regulatory Affairs

Activities Therapy Aide 6, 7, E8
Domestic Services Aide 5, E6
Youth Specialist 7, 8, E9

An employee shall be recalled to the classification level from which they were laid off.

In the event that the Civil Service Commission determines that a classification is no longer preauthorized it shall be removed from the list.

APPENDIX D

Article 13, Section G & H

Within 30 days of approval of this Agreement, the parties will jointly request a meeting with the Civil Service Commission for the purpose of establishing approved class clusters for recall.

Any approved class clusters will be incorporated into agreements at secondary negotiations.

APPENDIX E

Assignment Locations

Community Health

Caro Center

“Assignment Locations” will be by building and shift. Shift will be the 1st, 2nd, 3rd, and Odd or Swing Shift.

Resident Care Aides

Cottage 10	Cottage 27 North
Cottage 13	Cottage 27 South
Cottage 14	Relief Pool (Relief Pool P.I.)
Cottage 15	Treatment Room/Clinic
Cottage 16	Transportation Pool

Domestic Services Aides

Cottage 10	Food Distribution
Cottage 13	Hospital Administration
Cottage 14	Sewing/Clothing
Cottage 15	Relief Pool (relief Pool P.I.)
Cottage 16	Activities
Cottage 27	Cleaning Crew

LPNs

Cottage 10	Cottage 16
Cottage 13	Cottage 27 North
Cottage 14	Cottage 27 South
Cottage 15	

As Assigned

Physical Therapy Aides

Activities Therapy Aides

Activities

Hawthorn Center

Assignment locations will be by shift.

Nursing Department

Erie
Huron
Michigan
Ontario

Kitchen

DSA Cook

Housekeeping

AM - PM & Weekends

Kalamazoo Psychiatric Hospital

Assignment locations will be by shift.

Nursing Services

Edwards Unit	Flunt Unit
Gero-Medical Unit	Holder Unit
Linda Richards Unit	Morter Unit
MH Roll Unit	Schrier Unit
Central Nursing Office	
Clinic (Central Nursing Office on weekends)	

Nutrition & Environmental Services

MH Roll Unit	Linda Richards Unit
Gero-Medical Unit	Morter Unit
Edwards Unit	Holder Unit
Schrier Unit	Flunt Unit
Edwards/Schrier Units	Flunt/Linda Richards Units
Gero-Medical/Morter Units	Administrative Housekeeping
Holder/MH Roll Units	
Cleaning Crew / Float Pool	
Consumer's Cafeteria	

Other Service

Barber/Cosmetology

Education and Training (Staff)

Education Services (Patient)

Center for Forensic Psychiatry

Assignment locations will be by shift.

Client/Resident Affairs Representative

Forensic Services

Barber/Cosmetologist

Barber Shop

Dental Aide

Dental Clinic

Domestic Services Aide

Administration Office Area/Clinical Office Area/South Basement Area

Evaluation Unit/Security/Nursing Office Area/East Basement Area

Activity Therapy (Main Street)

Clothing/Linen/Laundry

Relief Pool

East 1 – Patient Unit

East 2 – Patient Unit

East 3 – Patient Unit

East 4 – Patient Unit

South 1 – Patient Unit

South 2 – Patient Unit

South 3 – Patient Unit (Unoccupied)

South 4 – Patient Unit

Walter Reuther Psychiatric Hospital

Assignment locations will be by shift.

Nursing Department

R-1

R-2

R-3

R-4

R-5

R-6

Clinic

Infection Control

Education Department

Transportation

Housekeeping Department

PT Department

Activity Department

Department of Human Services

Assignment Locations for Maxey, Shawono and Bay Pines shall be by shift and hall/wing/pod as follows:

Maxey Training School

Maxey-Shift 1

Maxey-Shift 2

Maxey - Shift 3

Maxey – Swing Shift

Pool – Shift 1

Pool – Shift 2

Pool – Shift 3

Pool – Swing Shift

Kitchen – Shift 1

Kitchen – Shift 2

Kitchen – Swing Shift

Support Services – Shift 1

Support Services – Shift 2

Shawono Center

Shawono Center – Shift 1

Shawono Center – Shift 2

Shawono Center – Shift 3

Shawono Center – Swing Shift

Bay Pines Center

Bay Pines Center – Shift 1

Bay Pines Center – Shift 2

Bay Pines Center – Shift 3

Bay Pines Center – Swing Shift

Shift 1 Begins Between 4:00 A.M. to 11:59 A.M.

Shift 2 Begins Between 12:00 Noon to 7:59 P.M.

Shift 3 Begins Between 8:00 P.M. to 3:59 A.M.

Swing Shift Schedule combination of shifts.

The definition of a swing shift shall be as follows:

1/2 - Day/Afternoon (3 or more day shifts)

2/1 – Afternoon/Days (3 or more afternoon shifts)

2/3 – Afternoon/Midnight's (3 or more afternoon shifts)

3/2 – Midnight/Afternoons (3 or more midnight shifts)

3/1 – Midnight/Days (3 or midnight shifts)

1/3 – Day/Midnight's (3 or more day shifts)

Relief assignments shall be by shift as defined in Article 14, Section F.

Michigan Career and Technical Institute

Dorms AM

Dorms PM

Dorms MN

Kitchen Early Shift

Kitchen Late Shift

Housekeeping

Leisure

Department of Licensing and Regulatory Affairs

Bureau of Services for Blind Persons

Kitchen, Early Shift

Environmental Services AM - PM

Kitchen, Late Shift

Activity Therapy, AM Shift

Department of Education

Michigan School for the Deaf

By Unit and shift (PM, MN, or Swing), Sunday – Thursday,
Monday - Friday

Department of Natural Resources

Ralph A. MacMullen Conference Center

Housekeeping

Kitchen

APPENDIX F

EYEGLASSES

An employee may opt to use the Vision Care Plan to replace eyeglasses damaged during the course of employment. If this option is chosen, the amount of the claim should be that amount not covered by the Plan. Under current procedures, if the net amount is less than \$50.00, such claim is sent to the Department's central office for determination. Claims between \$50.00 and \$99.99 are sent to the State Accounting Division for processing through the State Administrative Board.

If an employee does not wish to use the Vision Care Plan for such claims, the total amount excluding eye examination (not exceeding \$99.99) can be processed through the State Accounting Division for State Administrative Board determination.

However, before submitting claims for reimbursement for eyeglasses, the agency must first determine whether the eyeglasses could be reimbursed under the Workers' Compensation Act. In cases where there is a second party involvement causing damage to an employee's prosthetic device, these cases should first be reported to the State's Workers' Compensation carrier for liability determination.

If the State's Workers' Compensation carrier does not accept liability, or a request for their determination is not in order, the employee may either have his/her eyeglasses replaced through the Vision Care Plan, or a claim may be processed through the State Accounting Division for State Administrative Board determination, as noted above.

When submitting such claims to either the Central Office, or the State Accounting Division, a notation must be included on the voucher that amount claimed has been denied by the State's Workers' Compensation carrier, and/or the employee has opted not to use the Vision Care Plan and the amount claimed is the difference not covered by the Plan.

APPENDIX G

DEPARTMENT OF COMMUNITY HEALTH OVERTIME SUBDIVISIONS

CARO CENTER

Nursing

Day Shift

Afternoon Shift

Midnight Shift

Clothing

Housekeeping

Recreation Center

PSR

Off work locations

Transportation Pool

KALAMAZOO PSYCHIATRIC HOSPITAL

L.P.N.

Day

Afternoon

Midnight

Domestic

Early

Late

Evening

R.C.A.

Day

Afternoon

Midnight

HAWTHORN CENTER

Nursing

A.M.

P.M.

Midnight

Kitchen

DSA

Cook

Housekeeping

A.M.

P.M.

WALTER REUTHER PSYCHIATRIC HOSPITAL

Nursing

A.M.

P.M.

Midnight

DSA

A.M.

P.M.

CENTER FOR FORENSIC PSYCHIATRY

Overtime subdivisions will be by shift

APPENDIX H

FLEXIBLE BENEFITS PLAN

A Flexible Benefits Plan will be implemented for all Bargaining Unit members. The Flexible Benefits Plan shall be offered to all Bargaining Unit members during the annual enrollment process and shall be effective the first full pay period in the new fiscal year.

The Flexible Benefits Plan will consist of the group insurance programs and options available to Bargaining Unit members with three exceptions: (1) financial incentives will be paid to employees selecting the Catastrophic Health Plan rather than Standard Health Plan coverage; (2) a financial incentive will be paid to employees selecting a Preventative Dental coverage rather than the Standard State Dental Plan; and (3) a financial incentive for employees selecting reduced life insurance coverage (one times salary or \$50,000 rather than two times salary).

Changes in benefit selections made by employees may be made each year during the annual enrollment process or when there is a change in family status as defined by the IRS.

Incentives are paid each year and are the same regardless of an employee's category of coverage. For example, an employee enrolled in employee-only coverage electing the Catastrophic Health Plan for FY99 will receive \$1,300 as will an employee enrolled in full-family coverage electing the Catastrophic Health Plan. Incentives to be paid will be determined in conjunction with the annual rate setting process. The amount of the incentive to be paid to employees selecting the lower level of life insurance coverage is based on an individual's annual salary and the rate per \$1,000 of coverage, and therefore may differ from employee to employee. Financial incentives under the Flexible Benefits Plan to employees electing Catastrophic Health and/or Reduced Life Plan will be paid bi-weekly. Employees choosing the Preventive Dental Plan will be paid in a lump sum.

APPENDIX I

ITEMS DELEGATED TO SECONDARY NEGOTIATIONS

HUMAN SERVICES

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.4.	Intradepartmental Transfer to a Vacancy
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section L	Cross Employment Type Transfers
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent Intermittent Minimum Call-In Guarantee
Article 15	Section E	Permanent Intermittent Work Schedule Changes
Article 15	Section L.1(d)	Overtime Subdivisions
Article 15	Section L.2.b.	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time
Article 19	Section L	Uniform Allowance

MILITARY AND VETERANS AFFAIRS

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Property
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.c	Designation of Assignment Locations
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent Intermittent Minimum Call in Guarantee
Article 15	Section E	Permanent Intermittent Work Schedules
Article 15	Section L.1(d)	Overtime Subdivisions
Article 15	Section L.2(a)	Voluntary Overtime
Article 15	Section L.2(b)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time

Article 16	Section B	Annual Leave Application and Scheduling
Article 19	Section L	Uniform Allowance

CORRECTIONS

Article 9	Section G	Steward Jurisdictional Area and Option for Waiving Steps One and Two
Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Property
Article 13	Section E	Bumping
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section C.1.c	Designation of Assignment Locations
Article 14	Section C.4	Intradepartmental Transfer to a Vacancy
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-intermittent Minimum Call-in Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes
Article 15	Section G	Foregoing or Extending Lunch Periods
Article 15	Section L.1(d)	Overtime Subdivisions
Article 15	Section L.2(a)	Voluntary Overtime
Article 15	Section L.2(b)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time
Article 16	Section A	Sick Leave Verification
Article 19	Section L	Uniform Allowance

EDUCATION

Article 7	Section A.6	Reinstatement of Annual/Comp
Article 8	Section B	Granting of Compensatory Time for Labor-Management Meetings
Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section K	Return from Seasonal Layoff
Article 14	Section Q..4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-Intermittent Minimum Call-In Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes

Article 15	Section L.1(d)	Overtime Subdivision
Article 15	Section L.2(a)	Voluntary Overtime
Article 15	Section L.2(b)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time

Letter of Intent

Calendar

COMMUNITY HEALTH

Article 11	Section K	Secure Storage Space for Personal Items
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-Intermittent Minimum Call-in Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes
Article 15	Section L.2(a)	Voluntary Overtime
Article 15	Section L.2.(b)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time
Article 16	Section F.3	Rescheduling Holidays Which Fall on a Holiday

LICENSING AND REGULATORY AFFAIRS

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 11	Section L	Health and Safety Committees
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-Intermittent Minimum Call-In Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes
Article 15	Section L.1(d)	Overtime Subdivision
Article 15	Section L.2(a)	Voluntary Overtime
Article 15	Section L.2(b)	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time

NATURAL RESOURCES

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 11	Section L	Health and Safety Committees
Article 13	Section E	Bumping
Article 13	Section G	Use of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-Intermittent Minimum Call-in Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes
Article 15	Section L.1.d	Overtime Subdivision
Article 15	Section L.2.b	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time

STATE POLICE

Article 11	Section I	Non-Skid Footwear for Food Service Employees
Article 11	Section K	Secure Storage Space for Personal Items
Article 11	Section L	Health and Safety Committees
Article 13	Section G	User of Approved Class Clusters for Recall
Article 14	Section F	The Manner of Providing Relief Assignments
Article 14	Section Q.4	Permanent-Intermittent Employees
Article 14	Section Q.6	Permanent-Intermittent Minimum Call-in Guarantee
Article 15	Section E	Permanent-Intermittent Work Schedule Changes
Article 15	Section L.1.d	Overtime Subdivision
Article 15	Section L.2.b	Involuntary Overtime
Article 15	Section N	Administration of Compensatory Time

APPENDIX J

Article 22—STATE HEALTH PLAN PPO - BENEFIT CHART

Appendix J remains in effect for eligible employees hired prior to April 1, 2010 and covered by the State Health Plan PPO.

	State Health Plan (PPO)	
	In-Network	Out-of-Network

PREVENTIVE SERVICES - Limited to \$1,500 per calendar year per person

Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year, age 2 through 3 -1 visit per year, age 4 through 15	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered

PREVENTIVE SERVICES NOT SUBJECT TO MAXIMUM LIMIT

Mammography Screening for standard film. Covers digital up to standard film rate.	Covered 100%	Covered-90% after deductible
	One per calendar year, no age restrictions	
Colonoscopy Exam	Covered 100%	Covered-90% after deductible
	Beginning at age 50; one every 10 years.	
Childhood Immunizations	Covered 100% for children through age 16	Covered-90% after deductible

Physician Office Services

Office Visits	Covered - \$15 copay	Covered - 90% after deductible, must be medically necessary
Outpatient and Home Visits	Covered – 100% after deductible	Covered - 90% after deductible, must be medically necessary
Office Consultations	Covered - \$15 copay	Covered - 90% after deductible, must be medically necessary

Emergency Medical Care

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	State Health Plan (PPO)	
	In-Network	Out-of-Network
Hospital Emergency Room-approved diagnosis, prudent person rule	Covered 100% - after a \$50 copay if not admitted for emergency medical illness or accidental injury	Covered 100% - after a \$50 copay if not admitted for emergency medical illness or accidental injury
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible

Diagnostic Services

Laboratory and Pathology Tests	Covered – 100% after deductible	Covered - 90% after deductible
Diagnostic Tests and X-rays	Covered – 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered – 100% after deductible	Covered - 90% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes care provided by a Certified Nurse Midwife	
Delivery and Nursery Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes delivery provided by a Certified Nurse Midwife	

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Blood Storage	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Inpatient Consultations	Covered – 100% after deductible	Covered – 90% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible

Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100% after deductible	Covered – 100% after deductible
	120 days per confinement	
Hospice Care	Covered – 100%	Covered – 100%
	Limited to the lifetime dollar max. which is adjusted annually by the state	
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible
	Unlimited visits	

Surgical Services

Surgery – includes related surgical services	Covered – 100% after deductible	Covered – 90% after deductible
Voluntary Sterilization	Covered – 100% after deductible	Covered – 90% after deductible

Human Organ Transplants

Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible – in designated facilities only	Covered – 100% after deductible - in designated facilities only
	Up to \$1 million maximum per transplant type	
Bone Marrow – when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible

Mental Health Care and Substance Abuse - Covered under non-BCBSM contract

Inpatient Mental Health	100% to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% of two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% of two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates Limit \$3,500/year chemical dependency only

Other Services

Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 100% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered –\$15 copay Up to 24 visits per calendar year	Covered – 90% after deductible

Outpatient Physical, Speech and Occupational Therapy

- Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
- Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible Up to a combined maximum of 90 visits per calendar year	Covered – 90% after deductible
Durable Medical Equipment	Covered 100%	Covered 80% of approved charges

Other Services

Prosthetic and Orthotic Appliances	Covered 100%	Covered 80% of approved charges
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract
Hearing Care Program	\$15 office visits; more frequent than 36 months if standards met.	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)	Covered – 90% after deductible (up to 20 visits annually)
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)	

Deductible, Copays and Dollar Maximums

Deductible	\$300 per member; \$600 per family	\$600 per member; \$1200 per family
Copays - Fixed Dollar Copays - Do not apply toward deductible	\$15 for office visits/consultations, Chiropractic	

- Percent Copays - MH/SA copays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient, and private duty nursing	10% for most services; MH/SA at 50%
Annual Dollar Maximums		
- Fixed Dollar Copays - Do not apply toward out-of-pocket maximum	N/A	None
- Percent Copays - MH/SA and private duty nursing copays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services	

APPENDIX J-1

Appendix J-1 remains in effect for eligible employees hired on or after April 1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.

Preventive Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after \$20 office visit co-payment
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100% after \$20 office visit co-payment
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Check with HMO
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100% after \$20 office visit co-payment

¹ American Cancer Society guidelines apply

Physician Office Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay, deductible not applicable	Covered 80% after deductible	\$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 co-pay

Emergency Medical Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	\$200 co-pay if not admitted		\$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

Diagnostic Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 90% after deductible	Covered 80% after deductible	Office Visit \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Alternatives to Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO

Human Organ Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% subject to medical criteria

Other Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO

Other Services continued...

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Durable medical equipment - <i>Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
Prosthetic and orthotic appliances <i>-Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	\$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ²	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ³ Halfway House 100%	Covered 50% ⁴ Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁴	\$3,500 per calendar year 50% of network rates	Check with your HMO

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail	Retail	Retail
\$10	\$30	\$60
Mail Order	Mail Order	Mail Order
\$20	\$60	\$120

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Office visit: \$20 co-pay
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Office visit: \$20 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted

Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums ⁵	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

⁵ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Premium Sharing

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15% ⁶	85% ⁶

⁶ The State will pay up to 85% of the applicable NHMO total premium, capped at the dollar amount which the State pays for the same coverage code under the NSHP-PPO.

Appendix J-2

Effective October 12, 2014 this Appendix applies to all eligible employees regardless of the date of hire and replaces Appendix J and Appendix J-1.

Preventive Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100%
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100%
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100%
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100%
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100%
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Covered 100%
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100%

¹ American Cancer Society guidelines apply

Physician Office Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay	Covered 80% after deductible	Covered, \$20 co-pay

Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay
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Emergency Medical Care	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	Covered, \$200 co-pay if not admitted		Covered, \$200 co-pay if not admitted
Ambulance services – medically necessary	Covered, 90% after deductible		Covered, 100% after deductible

Diagnostic Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

Maternity Services Includes care by a certified nurse midwife (State Health Plan PPO only)	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Prenatal care	Covered 100%	Covered 80% after deductible	Covered 100%
Postnatal care	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

Hospital Care	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% after deductible Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
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Alternatives to Hospital Care	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100% after deductible
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100% after deductible
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Male Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Female Voluntary sterilization	Covered 100%	Covered 80% after deductible	Covered 100%

Human Organ and Tissue Transplants	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% after deductible in designated facilities
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% after deductible in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% after deductible subject to medical criteria

Other Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Allergy testing and therapy (non-injection)	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible.
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay. Injections: Covered 100%
Autism-Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible
Chiropractic/spinal manipulation	Covered, \$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% of approved amount	Check with your HMO
Prosthetic and orthotic appliances	Covered 100%	Covered 80% of approved amount	Check with your HMO
Private duty nursing	Covered 80% after deductible		Check with your HMO
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	Covered, \$20 co-pay	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ²	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible.
Mental Health Benefits – Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits – Inpatient	Covered 100% ³ Halfway House 100%	Covered 50% ⁴ Halfway House 50%	Check with your HMO; Inpatient services subject to deductible.
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁴	\$3,500 per calendar year 50% of network rates	Check with your HMO

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the State Health Plan PPO are carved out and administered by a Pharmacy Benefit Manager (PBM).

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit the Civil Service Commission Employee Benefits Division website at <http://www.michigan.gov/employeebenefits> and select Benefit Plan Administrators.

The chart below shows the SHP and HMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail \$10	Retail \$30	Retail \$60
Mail Order \$20	Mail Order \$60	Mail Order \$120

Outpatient Physical, Speech, and Occupational Therapy
Combined maximum of 90 visits per calendar year.

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Covered, \$20 co-pay
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Deductible ⁵	\$400 per member \$800 per family	\$800 per member \$1,600 per family	\$125 per member \$250 per family
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums ⁶	\$2,000 per member and \$4,000 per family	\$3,000 per member \$6,000 per family	\$2,000 per member and \$4,000 per family

⁵ Deductible amounts for the SHP – PPO are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2014 and renew annually each October with the start of the new plan year.

⁶ Beginning October 12, 2014, in-network deductibles, in-network fixed dollar co-payments and in-network co-insurance all apply toward the out-of-pocket annual limit. In addition, in HMOs, prescription drug co-payments also apply toward the annual out-of-pocket limit. Beginning with the October 2015 plan year, prescription drug co-payments in the SHP PPO also apply to the annual out-of-pocket limit.

Premium Sharing	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15%	85% ⁷

⁷ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.

APPENDIX K

Article 20, Section A—Work Location Definition - Department of Corrections

In the Department of Corrections only, for purpose of Temporary Reassignment (Article 14, Section E) and for purpose of Relief Assignment (Article 14, Section F), work location definition in the Bureau of Health Care shall be as follows:

1. Parnall Correctional Facility

Charles E. Egeler Correctional Facility / Duane L. Waters Health Center

Cooper Street Correctional Facility

G. Robert Cotton Correctional Facility

2. Women's Huron Valley Correctional Facility

Special Alternative Incarceration (Boot Camp-SAI)

Woodland Correctional Facility

3. Lakeland Correctional Facility

Gus Harrison Correctional Facility

4. West Shoreline Correctional Facility

Earnest C. Brooks Correctional Facility

Muskegon Correctional Facility

5. Marquette Branch Prison

Alger Maximum Correctional Facility

Ojibway Correctional Facility

Baraga Maximum Correctional Facility

6. Kinross Correctional Facility

Chippewa Correctional Facility

Newberry Correctional Facility

7. Michigan Reformatory

Richard A. Handlon Correctional Facility

Ionia Correctional Facility

Bellamy Creek Correctional Facility

Carson City Correctional Facility

8. St. Louis Correctional Facility

Central Michigan Correctional Facility

Saginaw Correctional Facility

9. Pugsley Correctional Facility

Oaks Correctional Facility

10. Macomb Correctional Facility

Detroit Detention Center

Detroit Reentry Center

Thumb Correctional Facility

For all other purposes, the Duane L. Waters Health Center shall be considered part of Charles E. Egeler Correctional Facility.

For Food Service Employees, for purpose of temporary reassignment (Article 14, Section E) and for purpose of relief assignment (Article 14, Section F), a work location shall be defined as (1) a facility, or (2) multiple facilities that have shared services which are under the administration of a single warden.